

**Los Angeles County  
Indian Health**

**REQUEST FOR APPLICATION**

**Fiscal Year 2005-2006**



**California Department of Health Services  
Primary Care and Family Health Division  
Primary and Rural Health Care Systems Branch**

**Indian Health Program  
1615 Capitol Avenue, Suite 73.460  
MS 8502, P.O. Box 997413  
Sacramento, CA 95899-7413**

**March 2005**

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
INDIAN HEALTH PROGRAM  
LOS ANGELES COUNTY  
FISCAL YEAR 2005-2006 REQUEST FOR APPLICATION  
TABLE OF CONTENTS**

Proposal Review and Grant Processing Schedule .....	Page 1
I. Purpose.....	Page 2
II. Cost of Application .....	Page 2
III. Background.....	Page 2
IV. Funding Eligibility.....	Page 2
V. Project Scope (Scope of Work) .....	Page 3
VI. Minimum Application Requirements .....	Page 5
VII. Application Due Date and Mailing Address .....	Page 5
VIII. RFA Questions and Answers .....	Page 5
IX. Application Review Process .....	Page 6
X. Application Scoring.....	Page 6
XI. Appeal Process .....	Page 7
XII. Fiscal Year (FY) 2005-2006 Award Amount.....	Page 7
XIII. Grant Agreement Award Process.....	Page 7
XIV. Grantee Requirements.....	Page 8
XV. Grant Advance Payments .....	Page 8
XVI. Required Application Forms / Documents.....	Page 9
XVII. General Instructions .....	Page 10
XVIII. Application Format .....	Page 11
XIX. Application Narrative Content and Required Order.....	Page 12
XX. Budget Form Instructions .....	Page 13
XXI. Application Checklist.....	Page 17
Table A: Summary of Current Budget from All Sources.....	Page 18
Table B: Current Personnel Line Item Budget from All Sources .....	Page 19
Table C: Proposed IHP Budget (Page 1) .....	Page 20
Table C: Proposed IHP Budget (Page 2) .....	Page 21
Table D: Total Clinic Projected Revenues and Expenses .....	Page 22
Exhibit A: Work Plan .....	Page 23
Board of Directors Information Form.....	Page 24
Authorization to Bind Corporation & Payment Request Approval Form...	Page 25
Attachment A: RFA Review Instrument	
Attachment B: RFA Review Scoring Rubric	
Attachment C: Appeals for Grants	
Attachment D: IHP Provider Productivity	

The following documents are available at the IHP website ([www.dhs.ca.gov/ihp](http://www.dhs.ca.gov/ihp))

- IHP Board / Administration / Fiscal Guidelines
- IHP Medical Guidelines
- IHP Dental Guidelines
- IHP Community Health Services Guidelines

Los Angeles County  
Indian Health

California State Indian Health Program (IHP)

Fiscal Year 2005-2006

Proposal Review and Grant Processing Schedule

- RFA Released: March 18, 2005
- Deadline for submitting RFA questions to IHP: April 1, 2005
- Application Submission Deadline: April 18, 2005
- Notice of Award: May 9, 2005
- Commencement of Grant: July 1, 2005

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES (CDHS)  
INDIAN HEALTH PROGRAM (IHP)  
REQUEST FOR APPLICATION (RFA)  
LOS ANGELES COUNTY  
FISCAL YEAR (FY) 2005-2006**

**I. PURPOSE**

This RFA announces the availability of grant funds to provide for the delivery of at least two of the following three services - medical, dental, and/or community health services – with each service to be provided for at least 24 hours per week. These services are to be provided for American Indians in Los Angeles County and shall be provided in a culturally sensitive manner at a primary care clinic setting.

A total of \$200,000 in funds from the IHP will be available for the state fiscal year beginning July 1, 2005 and ending June 30, 2006. The State reserves the right to determine the final award amount, which may be less than that requested. Funding availability is subject to the annual appropriation of funds in the State budget.

Funds appropriated to carry out the purposes of this RFA shall be supplemental to those available from the federal government and shall not duplicate, or replace, any commitments made by the federal government to provide health services to American Indians and their families in this state who receive health services pursuant to an urban or rural American Indian health program, per Health and Safety Code Section 124585.

IHP funding alone will not be adequate to sustain the clinic.

**II. COST OF APPLICATION**

The cost of developing applications is entirely the responsibility of the applying firms and shall not be chargeable to the State of California or included in any cost elements of the application.

**III. BACKGROUND**

The IHP is authorized by California Health and Safety Code, Sections 124575 -124595. The goal of the IHP is to improve the health status of American Indians residing in California. This is accomplished through the provision of financial and technical assistance to Indian health programs, studies of the health and health services available to American Indians and their families, and coordination with similar private and governmental programs.

**IV. FUNDING ELIGIBILITY**

To qualify for funding, an Indian health program shall be administered by either a non-profit corporation organized under the laws of this State or by an Indian Tribe. The board of directors or trustees of such corporation shall be composed of a majority of Indians. (California Code of Regulations, Title 17, Section 1534).

“Indian Tribe” means any Indian Tribe, band, or nation or other organized group or community which is determined to be eligible for the special programs and services provided by the United States or State of California to Indians because of their status as Indians (California Code of Regulations, Title 17, Section 1501).

## **V. PROJECT SCOPE (Scope of Work)**

The IHP will provide grant funds to support the following combined activities:

1. Delivery of prevention oriented primary care services that are responsive to the health needs of American Indian patients and are delivered in a primary care clinic setting
2. Access to Traditional Indian Health.

The Indian health clinic shall include the following components:

- A. Administration:** The orderly planning, organizing, and coordinating of a health program to effectively carry out a grantee’s obligations. This shall include but not be limited to, the following specific elements:
1. A Board of Directors that is comprised of a majority of American Indians, represent the Los Angeles County American Indian community, and function according to its bylaws
  2. An administrator with a background in health administration
  3. Clinic personnel management policies
  4. Licensed or exempt facilities
  5. Fiscal management including a fiscal reporting system, provisions for annual audit, and maintenance of accounts
  6. Planning and evaluation components that assure services are accessible, available, and acceptable to the American Indian population
  7. Third party billing system that maximizes private and public insurance and includes provisions for self-pay based on income.
- B. Traditional Indian Health:** The provision of traditional Indian health which includes traditional practices of Indian health which are native to an Indian community and which are accepted by that Indian community as handed down through the generations, and which can be established through the collective knowledge of the elders of that Indian community.

Traditional Indian health services may include, but are not limited to the following:

1. Travel and related costs for medicine men and women
2. Cultural sensitization education for project personnel.

**C. Health Services:** Additionally, two of the following three direct services must each be provided at least 24 hours per week:

1. **Medical Services**

The provision of medical services that include, but are not limited to, the following specific components:

- a. Comprehensive patient history and physical examinations
- b. Diagnosis, treatment, referral, and follow-up of illnesses and diseases
- c. Health maintenance activities
- d. Minor surgical and emergency medical services.

2. **Dental Services**

The provision of a comprehensive public health oriented dental program, which includes the delivery of preventive and restorative dental services.

3. **Community Health Services**

The provision of a program which identifies American Indians in the grantee service area and assists them to achieve optimum physical and emotional well-being by providing them with information and assistance in entering and using health systems and health resources appropriately.

The scope of services includes identifying American Indians within the service area; identifying and documenting the health and socioeconomic needs of members of the American Indian community; assisting the American Indian population to enter the health system through health education, case finding, counseling, referrals, and follow-up; assisting American Indians in learning to use health and social service resources appropriately; providing health education to promote healthy life styles; assisting American Indians in improving their health status by providing appropriate health instruction and personal care; developing liaisons with resource agencies, providers, and schools; assisting American Indians in clarifying issues which may prevent utilization of health resources; participating in identifying and planning needed resources for the continued improvement of health services to the American Indian community; and maintaining accurate records of patient services.

## **VI. MINIMUM APPLICATION REQUIREMENTS**

To qualify for funding, applicants shall demonstrate at the time of application and shall maintain throughout the term of the grant agreement, the following specific requirements and all other requirements set forth in this RFA:

- Good standing with the Office of the Secretary of State and the Office of the Attorney General (if a Non-profit Corporation)
- Good standing with the Bureau of Indian Affairs (if an Indian tribe)
- A Board of Directors that is comprised of a majority of American Indians, represent the Los Angeles County American Indian community, and function according to its bylaws
- State clinic licensure (or exemption) for all clinic sites
- Provision of at least two of following three services – medical, dental, and/or community health services – with each service to be provided at least 24 hours per week
- A clinic pharmacy permit (if applicable)
- Clinical Laboratory Improvement Act (CLIA) State registration (if applicable)
- Liability and malpractice insurance in sufficient amounts to meet current state requirements.

## **VII. APPLICATION DUE DATE AND MAILING ADDRESS**

Submit one (1) original and two (2) copies of the application. The application must be received by mail or in person by 5:00 p.m. on **April 18, 2005** at the following address:

California Department of Health Services  
Indian Health Program  
1615 Capitol Avenue, Suite 73.460  
MS 8502, P.O. Box 997413  
Sacramento, CA 95899-7413  
Phone: (916) 449-5760

## **VIII. RFA QUESTIONS AND ANSWERS**

Applicants may fax questions about this RFA to the IHP at (916) 449-5776 by **April 1, 2005**. Answers to all questions about the RFA submitted by April 1, 2005, will be posted on the IHP website ([www.dhs.ca.gov/ihp](http://www.dhs.ca.gov/ihp)).

## **IX. APPLICATION REVIEW PROCESS**

Each application received by IHP by the specified date and time will be reviewed for eligibility, minimum application requirements, completeness, and compliance with the RFA instructions.

Applicants deemed non-eligible will not be considered. Late, incomplete or non-compliant applications may be rejected. The CDHS may waive any immaterial deviation in any application. This waiver of any immaterial deviation shall not excuse an applicant from full compliance with the grant terms if a grant is awarded. The CDHS reserves the right to reject any or all applications.

The application review will be conducted by individuals selected by the CDHS. However, applicants should not assume that reviewers: have prior knowledge of the applicant agency's capability or experience; an understanding of why the proposed activities are appropriate within the context of the Los Angeles County Indian community; an understanding of how Indian health prime contractor and subcontractor agreements are managed.

## **X. APPLICATION SCORING**

Applications will be reviewed by two (2) reviewers using the attached application scoring instrument (see Attachment A).

Criteria on the scoring instrument will be evaluated using a scoring rubric (see Attachment B) based on the following scale:

3 points = outstanding	1 point = minimally adequate
2 points = adequate	0 points = inadequate.

Scores for all the review criteria in a section will be totaled. Each section of the scoring instrument is weighted. The total score for each section is multiplied by its specified weight. The highest score possible is 100. The maximum weighted score assigned for each application section is:

- Agency Capability (20)
- Target Population (15)
- Project Summary (20)
- Scope of Work Plan (15)
- Project Personnel (15)
- Budget (15)

Discordant scores are defined as scores with more than a 10-point difference between the two assigned reviewers. Discordant scores will be assigned for a third review. The score from the third review will be the final score.

## **XI. APPEAL PROCESS**

An applicant denied funding may appeal the CDHS decision. Please see Attachment C, Appeals for Grants, for a description of the appeal process.

## **XII. FISCAL YEAR (FY) 2005-2006 AWARD AMOUNT**

IHP health clinics receive annual funding through the use of an allocation formula (Health and Safety Code, Section 124585). IHP funds may also be set aside for special projects. The IHP receives recommendations from an American Indian advisory committee regarding the amount and purpose of such projects. Final approval for special projects comes from the CDHS. Funding availability is subject to the annual appropriation of funds in the State budget. The funding amount of \$200,000 allocated to the Los Angeles County American Indian clinic services special project was determined by applying the following factors of the allocation formula used for IHP clinics for FY 2004-2005:

- **Foundational Factor:** A clinic eligible for IHP funding must provide at least two of the following three components: Medical, Dental and Community Health Services. Based on which of the three services a clinic provides it receives its total foundational funding based on the following percentages: Medical - 40%, Dental - 30%, and Community Health Services - 30%. The FY 2005-2006 Los Angeles County foundational funding level is based on the highest award possible received by IHP clinics for FY 2004-2005.
- **Systems Evaluation Factor:** This funding factor is based on the biennial in-depth, on-site evaluation of the quality of a clinic's Medical, Dental, Community Health Services and Board / Administrative / Fiscal systems. Funding levels for each clinic are determined relative to their evaluation scores. The FY 2005-2006 Los Angeles County Systems Evaluation funding factor level is based on the highest award possible for this factor received by IHP clinics for FY 2004-2005.
- **Target Population Factor:** This factor recognizes the size of the American Indian / Alaska Native population in a clinic's service area. A per capita figure determines the funds awarded for this factor. The per capita funding amount used for ongoing IHP clinics for FY 2004-2005 was multiplied by the U.S. Census 2000 American Indian population for Los Angeles County to determine this funding amount.

Note: The CDHS reserves the right to determine final award amount.

## **XIII. GRANT AGREEMENT AWARD PROCESS**

It is the intent of the CDHS to issue the award to one successful applicant. The CDHS reserves the right to negotiate the budget and scope of work and not award a grant agreement if changes recommended by the IHP cannot be mutually agreed upon. Grant negotiations will commence following the completion of the appeals process. A site visit may follow. If the successful applicant fails to finalize a budget or scope of work, or if recommended changes cannot be mutually agreed upon, CDHS reserves the right to withdraw the grant award or delay the start of the grant agreement term. If the grant award is withdrawn, those funds may be redirected to another applicant.

#### **XIV. GRANTEE REQUIREMENTS**

Agencies awarded funds from the IHP must:

- Comply with all provisions of the grant including, but not limited to, provisions of the quality and quantity of the direct and subcontracted services specified to the population(s) targeted
- Comply with all governmental laws and regulations appropriate to the operation of a primary care health clinic program and ensure all subcontractors also comply
- Provide services in a culturally competent manner
- Notify the IHP within 72 hours regarding any situation that would substantially alter the grantee's ability to comply with grant obligations
- Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation/technical assistance
- Participate in technical assistance activities identified as needed by the state including, but not limited to, workshops, conferences, individual assistance, etc
- Assure that community members and/or clients participate in the development of policies and procedures on an ongoing basis through their governing Board of Directors
- Carry out the provisions of the grant and ensure that all subcontractors carry out the provisions of the grant in the most cost-effective and cost-efficient manner possible
- Provide services consistent with the four IHP guideline documents available at the IHP website ([www.dhs.ca.gov/ihp](http://www.dhs.ca.gov/ihp)) – Board, Administration, and Fiscal; Medical; Dental; and Community Health Services.

#### **XV. GRANT ADVANCE PAYMENTS**

If awarded, a grantee will be able to request an advance payment of up to 25% of the annual grant in accordance with Health and Safety Code Section 124525. The grantee shall repay the full amount of any outstanding advances if the grant is not fully executed.

## **XVI. REQUIRED APPLICATION FORMS / DOCUMENTS**

The following forms and/or documents are to be fully completed. Include these items in the order they are listed below:

- A. Application checklist
- B. Application narrative (see Section XVIII)
- C. All application information forms and budget pages
  - Table A – Summary of Current Budget from All Sources (Page 18)
  - Table B – Current Personnel Line Item Budget from All Sources (Page 19)
  - Table C – Proposed IHP Budget (Pages 20 and 21)
  - Table D – Total Clinic Projected Revenues and Expenses (Page 22)
  - Exhibit A – Scope of Work Plan (Page 23)
  - Board of Directors Information Form (Page 24)
  - Authorization to Bind Corporation and Payment Approval Request Form (Page 25)
- D. Job descriptions for all personnel proposed for funding by the IHP
- E. Copy of organizational chart (identify personnel vacancies)
- F. Copy of all of clinic's current license(s) and/or certification(s)
- G. Copy of pharmacy permit or license, if applicable
- H. Copy of CLIA certificate, if applicable
- I. Evidence of liability, medical and/or dental malpractice insurance
- J. Resumes of staff and consultants who exercise key management, health care provider or consultant role
- K. Board of Directors meeting minutes for last 12 months
- L. Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter
- M. If billing under physician(s)/dentist(s) provider number, a copy of the written agreement that any income derived from billing under the physician(s)/dentist(s) provider number is clinic income
- N. Copy of your most recent Federal IRS Form 990, California State FTB Form 199, or a Request for an Extension for filing (Federal form 2758 and State form 3504). If you are a tribe and exempt from taxation submit a copy of the documents submitted to Federal and State tax offices
- O. California Charitable Trust Form RRF-1
- P. Copy of most recent independent Certified Public Audit
- Q. Copy of the most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.

Electronic forms are available at the IHP website:

[www.dhs.ca.gov/ihp](http://www.dhs.ca.gov/ihp).

## **XVII. GENERAL INSTRUCTIONS**

Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Review and complete the application checklist prior to submitting your application.

It is the applicant's responsibility to demonstrate that it possesses the required knowledge and experience essential to provide Indian health services in Los Angeles County. Reviewers will assess the quality of an application solely by evaluating the written document submitted in response to this RFA.

Do not submit any materials that are not requested. Any materials submitted (including letters of support) that are not part of the RFA requirements will be discarded upon receipt.

Only one application may be submitted by each entity. For the purposes of this application, entity is defined to include a parent corporation of an agency and any satellites or subcontractor(s) of that parent corporation. If an entity submits more than one application, all applications submitted by that entity will be deemed non-responsive and will be rejected from further consideration.

The same subcontractor(s) may be proposed for use by more than one applicant. An entity submitting an application as a prime contractor may also be identified as a subcontractor in another firm's application.

## **XVIII. APPLICATION FORMAT**

Applicants must return the following material according to the format and instructions stated herein. Failure to follow these format instructions or failure to return the required forms and materials may deem an application non-responsive and may cause that application to be eliminated from further consideration. The CDHS reserves the right to waive non-material defects in the applications as determined by the CDHS in its sole discretion.

Submit one (1) original and two (2) copies of the application. The application should not be submitted in a binder or folder; these are too cumbersome for distribution and review. Use a staple, binder clip, or other means to bind your application.

- Number the pages of the application sequentially from page 1 to the end of the application.
- Include the name of the applicant on each page.
- Put all section headings flush left in bold type.
- The format of the application should allow at least one-inch margins at top, bottom, and sides.
- The type font size is to be no less than 12 points.
- The application should be single-spaced unless otherwise instructed in this document.

All RFA forms and attachments, which require signatures, must be signed in blue ink for inclusion in the original application package, unless noted otherwise. Signature stamps are not acceptable. The two additional application sets may reflect photocopied signatures.

## **XIX. APPLICATION NARRATIVE CONTENT AND REQUIRED ORDER**

**COVER PAGE AND A COVER LETTER** signed by a person authorized to obligate your organization. If the applicant is a non-profit corporation, an official authorized by the Board of Directors to sign on behalf of the Board, must sign the cover letter.

**TABLE OF CONTENTS.** The table of contents must display appropriate page numbers for each item listed.

**AGENCY CAPABILITY.** Provide a brief history of your organization which includes the date of establishment, service area, past accomplishments and current projects. Describe how the support of a Los Angeles County clinic for American Indians fits into your agency's existing services (see page 2, item I, "Purpose"). Describe active involvement by Board of Directors in directing organization and how they represent the Los Angeles American Indian community.

**TARGET POPULATION DESCRIPTION.** Los Angeles County is home to the largest urban American Indian population in California. Applicants should identify the population that can be operationally served by the project during the grant period. Include data/description of health status/needs, current health service utilization patterns, barriers to access, health care coverage/insurance, and demographic information of target population.

**PROJECT SUMMARY.** Describe how the applicant plans to efficiently carry out the scope of work described in this RFA in providing at least two of the following three services – medical, dental, and/or community health services – as well as traditional Indian health. In addition to the operation of an Indian health clinic and delivery of prevention oriented primary care services, include the estimated number of clinic patients to be served during the grant term and the basis used to calculate this estimate with consideration given to barriers to access.

**SCOPE OF WORK PLAN.** Use Exhibit "A" (Page 23) for the Work Plan. The Work Plan *goals* are broad statements of intent toward which project efforts are directed. The Work Plan *objectives* must specify how the Scope of Work (item V, Project Scope (Scope of Work) pages 3 and 4) will be achieved, by whom, when, and how it will be evaluated over the grant period. Proposed clinical staff activities shall meet or exceed IHP provider standards (see Attachment D).

**PROJECT PERSONNEL.** Describe how the project will be staffed. Include the number, position titles, job descriptions, resumes, and salary schedules of all project staff and subcontractors. The State reserves the right to approve changes in staffing after a grant is awarded. Applicants planning to use subcontractors in the performance of the work must identify each proposed subcontractor and their qualifications, if known at the time of application submission; describe the responsibilities to be assigned to each subcontractor, and include a description of plans for overseeing the performance of subcontractors. Applications must include a copy of all subcontractor licensure and insurance documents (e.g. clinic license, CLIA/State lab license, pharmacy license, provider license, and malpractice insurance). Notwithstanding the use of any subcontractor(s), the applicant will be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in subcontractor selection.

## **XX. BUDGET FORM INSTRUCTIONS (Tables A – D, Pages 18 – 22)**

Round all amounts to whole numbers.

Check budget tables for accuracy. The horizontal and vertical totals must agree.

**Unreimbursable Expenses:** Expenses not reimbursed by the CDHS include the following:

- Purchase, renovation, alteration, or improvement of contractor owned or leased property (real estate) or facilities.
- Contract care as defined by Federal Indian Health Service Regulations.

### **Table A: Summary of Current Budget from all Sources (Page 18)**

List each funding source and the total funds awarded by categories of personnel, operating expenses, and consultants. If your funds are not on a July to June fiscal year, please *estimate*, as close as possible, the amount for this July to June period.

### **Table B: Current Personnel Line Item Budget from all Sources (Page 19)**

List each personnel services position funded by your program. List position title (not individual name) and dollar amount per line by source of funds (State, Federal, Third Party, etc.).

### **Table C: Proposed IHP Budget: Fiscal Year 2005-2006 (Pages 20 and 21)**

#### **Budget Justification**

Submit a Table C “Proposed IHP Budget” for the grant period. Agencies may apply for up to \$200,000 for July through June of FY 2005-2006. The state fiscal year begins July 1st and ends June 30th.

The applicant must provide a Budget Justification narrative for the budget proposed in Table C. The budget justification must identify the line item category and the amount of funding, and provide a brief supporting narrative for each line item justifying the appropriateness and necessity of the cost to the achievement of project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications and reference the specific objectives that this position will be responsible for completing.

### Table C – Personnel:

List position title rather than the name of the individual.

- **Column A:** The "FTE Salary Per Pay Period". Full-time Equivalent or FTE is the rate of pay an individual would earn if their time base was 100%. The figure entered in this column can be determined by calculating the annual amount the individual would earn as an FTE, and then by dividing this annual amount by the number of pay periods during the grant period.
- **Column B:** Indicate the "Number of Pay Periods" for the period July 1, 2005 to June 30, 2006, e.g., 12, 24, 26.
- **Column C:** The "Percent of FTE" worked by the individual is based on a 40-hour workweek. This is the total time the individual works at your program regardless of funding source (see below).

<u>Hours Per Week</u>	<u>Percent of FTE</u>	<u>Hours Per Week</u>	<u>Percent of FTE</u>
4	10	24	60
8	20	28	70
12	30	32	80
16	40	36	90
20	50	40	100

- **Column D:** The "Percent Paid by This Grant". Indicate the percent of annual salary that will be paid by this grant.
- **Column E:** The "Amount Requested". Multiply A x B x C x D to determine E.

**Fringe Benefits** – Indicate the percentage of Personnel Costs used to calculate fringe benefits. List fringe benefits (i.e. FICA, SUI, WC). If the "fringe benefit" rate is above 30 percent, please provide justification.

### Table C – Operating Expenses:

- **Audit:** Audits carried out pursuant to Health and Safety Code, Sections 38040 and 38041 shall be audits of the grantee, rather than audits of individual grants or programs. Audits shall be in accordance with OMB Circular A-133 "Single Act Audits" for contractor receiving \$500,000 or more of federal dollars. The cost of such audit may be included in direct service contracts up to the proportionate amount that the contract represents of the contractor's total revenue (e.g., if total funds are \$1,000,000 of which state funds represents \$100,000, the contractor may budget 1/10 of the \$100,000 amount or \$10,000 in the state budget because \$100,000 is 1/10 of \$1,000,000).

- **Communications:** May include telephone, postage, advertising, and answering service.
- **General Expense:** Purchase of books, magazines, publications, and subscriptions; expendable office supplies; shipping costs; professional memberships and dues; expendable equipment (less than \$5,000 and/or having a life expectancy of less than one year); equipment maintenance, rental, and repair; installation costs; printing expenses; pre-employment physicals.
- **Insurance:** All insurance including liability and malpractice.
- **Janitorial/Maintenance Services:** Housekeeping and cleaning services, water cooler, copy machine maintenance (does not include rent), routine minor repairs for electrical, plumbing, or building facilities.
- **Rent:** List number of square feet, cost per square foot, cost per month, and percentage of state share.
- **Technical Supplies:** Expendable medical, laboratory, X-ray, pharmaceutical supplies, and expendable equipment (equipment less than \$5,000 and/or a life expectancy of less than one year).
- **Traditional Indian Health:** Travel and related costs for medicine men and women, doctoring, traditional Indian health gatherings, and educational and cultural sensitization activities for agency personnel.
- **Travel:** Travel and per diem must be consistent with state travel guidelines found at <http://sam.dgs.ca.gov> - State Administrative Manual.
- **Utilities:** Electricity, gas, water, sewer, and garbage service.

#### **Table C– Capital Expenditures:**

**Equipment expenses for items valued at \$5,000 or more with a life expectancy of one year or more. Include the unit cost of each item and the total cost (number of units multiplied by the unit cost). Equipment is subject to state inventory tracking requirements.**

### Table C – Other Costs:

- **Consulting and Professional Services:** Grant-related services performed by "independent contractors" as defined by Title 22, Division 2.5, Section 4304.1 (Employment Development Department) who are not employees of the grantee. Fees for administrative, medical, and/or dental consultation or referral services such as laboratory and x-ray. List each consultant, the rate of dollars per hour, and the total subcontract amount.
- **Staff Training and Continuing Education:** May include tuition, registration, and material for continuing education classes, books/periodicals related to employee job duties, or health-related information only. May include expenses related to seminars, meetings, and conferences if related to program activities.

### Table C – Indirect Costs:

Expenses incurred for the benefit of the business as a whole and which cannot be readily identified with the activities of a given department/program. Indirect costs must be those identified in the current "Indirect Cost Pool and Rate Computation" exhibit authorized by the Office of the Inspector General (OIG), United States Department of the Interior or Department of Health and Human Services. **A copy of the "indirect cost" document from the OIG must be submitted.**

### Table D: Total Clinic Projected Revenues and Expenses (Page 22)

Use budget Table "D" to project the total clinic revenues and expenses during the grant term (July 1, 2005 through June 30, 2006). Please include all sources of projected revenue in addition to IHP funds. Projections shall consider current data regarding health insurance status of American Indians in Los Angeles, cost of medical services, and the public and private health delivery system in Los Angeles County. Identify all data sources used for your calculations.

## XXI. APPLICATION CHECKLIST

The following forms and/or documents are to be fully completed. Include these items in the order they are listed below. Indicate page numbers that correspond to your application.

Document / Form	Page
Application narrative	
Table A – Summary of Current Budget from All Sources	
Table B – Current Personnel Line Item Budget from All Sources	
Table C – Proposed IHP Budget	
Table D – Total Clinic Projected Revenues and Expenses	
Exhibit A – Scope of Work Plan	
Board of Directors Information Form	
Authorization to Bind Corporation and Payment Approval Request Form	
Job descriptions for all personnel proposed for funding by the IHP	
Copy of organizational chart (identify personnel vacancies)	
Copy of all of clinic's current license(s) and/or certification(s)	
Copy of pharmacy permit or license, if applicable	
Copy of CLIA certificate, if applicable	
Evidence of liability, medical and/or dental malpractice insurance	
Resumes of staff and consultants who exercise key management, health care provider or consultant role	
Board of Directors meeting minutes for last 12 months	
Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter	
If billing under physician(s)/dentist(s) provider number, a copy of the written agreement that any income derived from billing under the physician(s)/dentist(s) provider number is clinic income	
Copy of your most recent Federal IRS Form 990, California State FTB Form 199, or a Request for an Extension for filing (Federal form 2758 and State form 3504). If you are a tribe and exempt from taxation submit a copy of the documents submitted to Federal and State tax offices	
California Charitable Trust Form RRF-1	
Copy of most recent independent Certified Public Audit	
Copy of the most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.	

(Los Angeles County FY 2005-2006 Applicant)

**TABLE A**  
**SUMMARY OF**  
**CURRENT BUDGET FROM ALL SOURCES**  
**(As of June 2005)**

FUNDING SOURCE (Include Medi-Cal and Other Third Party Revenues)	SUBTOTALS			TOTALS
	Personnel	Operating Expenses	Consultants	
<b>SUMMARY TOTALS</b>	\$	\$	\$	\$

**Grand Total**

**TABLE B**  
**CURRENT PERSONNEL LINE ITEM BUDGET FROM ALL SOURCES**  
**(As of June 2005)**

PERSONNEL	SOURCE OF FUNDS				TOTALS
	State (Specify program)	Federal	County	Third Party (Specify source)	
TOTAL SALARIES \$	\$	\$	\$	\$	\$

**Grand Total**

(Applicant)

**TABLE C - PAGE 1**

**Proposed IHP Budget for Los Angeles County: FISCAL YEAR 2005-2006**

**Funds available: \$200,000**

**PERSONNEL**

PAY PERIOD (CHECK ONE) ☐ Biweekly (26) ☐ Semimonthly (24) ☐ Monthly (12)

POSITION TITLE	(A) FTE Salary Per Pay Period	(B) No. of Pay Periods	(C) % of FTE	(D) % Paid by this Grant	(E) Amount Requested A x B x C x D

**TOTAL SALARIES**

FRINGE BENEFITS \_\_\_\_\_ Percent of Personnel Costs used [average]

FICA @ \_\_\_\_\_ %

SUI @ \_\_\_\_\_ %

WC @ \_\_\_\_\_ %

**TOTAL FRINGE BENEFITS \$**

**TOTAL Personnel Services**

**OPERATING EXPENSES**

Audit	
Communications	
General Expenses	
Insurance	
Janitorial and Maintenance Services	
Rent ( _____ sq. ft. x \$ _____ sq. ft. / mo. = \$ _____ / mo. X _____ mos. X _____ % / State Share)	
Technical Supplies	
Traditional Health / Medicine	
Travel	
Utilities	

**TOTAL Operating Expenses \$**

(Applicant)

**TABLE C - PAGE 2**

**Proposed IHP Budget for Los Angeles County: FISCAL YEAR 2005-2006**

**Funds available: \$200,000**

**CAPITAL EXPENDITURES**

Equipment (List detail below)

( A ) Quantity	Description	(B) Unit Cost	(A x B) TOTAL COST

**TOTAL Capital Expenditures \$**

**OTHER COSTS**

Computer Hardware

Computer Software

Consulting and Professional Services Total (see breakdown below)

Subcontractor's Name and Title	Rate of Dollars Per Hour	Total Subcontract Amount

Staff Training and Continuing Education

**TOTAL Other Costs \$**

**INDIRECT COSTS**

Indirect Cost: \_\_\_\_\_ % of

(\_\_ % of [enter cost basis])

**TOTAL Indirect Costs \$**

**TOTAL BUDGET \$**

**Table "D" - Total Clinic Projected Revenues and Expenses**

(Los Angeles County FY 2005-2006 Applicant)

<b>EXPENSES</b>	<b>Fiscal Year 2005-2006</b>
Personnel	
Operating Expenses	
Capital Expenditures	
Other Expenses	
Indirect Costs	
<b>TOTAL EXPENSES</b>	
<b>REVENUES</b>	
Patient Revenue:	
Medicare	
Medi-Cal / Fee for Service	
Medi-Cal / Managed Care	
Healthy Families Program	
Private Insurance	
Patient Pay	
Other	
Institutional Support:	
Federal	
State	
County	
Private	
Donations / Contributions	
Other	
<b>TOTAL REVENUES</b>	

## Exhibit A

Los Angeles County Fiscal Year 2005-2006

Scope of Work Plan

Goal:

Measurable Objectives	Implementation Activities	Timeline	Evaluation / Documentation

---

(Los Angeles County FY 2005-2006 Applicant)

**Board of Directors Information Form (Attach additional pages if needed)**

<b>Board Member Address / Telephone Number</b>	<b>Elective Position and Employer</b>	<b>Tribal Affiliation</b>	<b>Specific Day / Month / Year Term Commences &amp; Expires</b>

# AUTHORIZATION TO BIND CORPORATION AND PAYMENT REQUEST APPROVAL FORM

The Board of Directors of the \_\_\_\_\_  
in a duly executed meeting held on \_\_\_\_\_ and where a quorum  
was present, resolved to authorize:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

to negotiate and sign any State Indian Health Program (IHP) grant and any payment requests that may result. The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used to deliver primary medical, dental, and community health services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Corporate Officer's Signature)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

**Form Completion Instructions:** At least two persons must be authorized to sign payment requests. A current Authorization to Bind form must be kept on file with the IHP. A copy of this form and the IHP address may be found at [www.dhs.ca.gov/ihp](http://www.dhs.ca.gov/ihp).

**When changes to this authorization occur please submit an updated  
Authorization to Bind form within ten (10) working days.**

**All signatures must be in blue ink.**

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

---

<b>IHP eligibility and minimum application checklist</b>
--

**Note: Applicants meeting criteria below will be reviewed:**

Indian health program is administered by either a non-profit corporation organized under the laws of this State or by an Indian Tribe

☐

Board of Directors or trustees of such corporation is composed of a majority of American Indians

☐

Applicant is in good standing with the Office of the Secretary of State and the Office of the Attorney General (if a Non-profit Corporation)

☐

Applicant is in good standing with the Bureau of Indian Affairs (if an Indian tribe)

☐

State clinic licensure (or exemption) for all clinic sites

☐

Applicant provides at least two of three following services – medical, dental, and/or community health services – with each service to be provided at least 24 hours per week

☐

Clinic pharmacy permit (if applicable)

☐

Clinical Laboratory Improvement Act (CLIA) State registration (if applicable)

☐

Liability and malpractice insurance in sufficient amounts to meet current state requirements.

☐

<b>Application submitted by due date and time:</b>	
<b>Application is complete:</b>	

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

<b>Agency Capability</b>
<p><b>Requirement:</b> Applicant to provide a brief history of organization which includes the date of establishment, service area, past accomplishments and current projects. Description of how the support of a Los Angeles County clinic for American Indians fits into the agency's existing services. Description of active involvement by Board of Directors in directing organization and how they represent the Los Angeles American Indian community.</p>

**Raw Score**  
**(Range: 0 - 3)**

Brief history of agency, when established, service area, past accomplishments, current projects	<b>3</b>		
Description of how the support of a Los Angeles County clinic for American Indians fits into the agency's existing services	<b>3</b>		
Board minutes reflect active involvement by Board of Directors in directing organization and are consistent with bylaws	<b>3</b>		
Board of Directors is representative of the Los Angeles American Indian community	<b>3</b>	<b>Weight</b>	<b>Final Score</b>
<b>Agency Capability Score</b>	<b>12</b>	<b>1.6667</b>	<b>20</b>

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

<b>Target Population</b>
<p><b>Requirement:</b> Applicant should identify the population that can be operationally served by the project during the grant period. Include data/description of health status/needs, current health service utilization patterns, barriers to access, health care coverage/insurance, and demographic information of target population.</p>

**Raw Score**  
(Range: 0 - 3)

Identifies population that can be operationally served by the project during the grant period	3		
Includes data/description of health status/needs	3		
Includes data/description of current health services utilization patterns and barriers to access	3		
Includes data/description of health care coverage/insurance	3		
Describes demographic information of target population	3	<b>Weight</b>	<b>Final Score</b>
<b>Target Population Score</b>	<b>15</b>	<b>1.0000</b>	<b>15</b>

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

<b>Project Summary</b>		<b>Weight</b>	<b>Final Score</b>
<b>Requirement:</b> Applicant describes their plans to efficiently carry out the scope of work described in this RFA in providing at least two of the following three services – medical, dental, and/or community health services – as well as traditional Indian health. Describes the operation of an Indian health clinic and delivery of prevention oriented primary care services, includes the estimated number of clinic patients to be served during the grant term and the basis used to calculate this estimate.			

**Raw Score**  
**(Range: 0 - 3)**

Plan describes efficient delivery of at least two of the three required services at least 24 hours per week as well as traditional Indian health	<b>3</b>		
Plan describes administration of clinic operations including personnel management, fiscal management, and third party billing systems	<b>3</b>		
Plans for service delivery reflect consideration of accessibility, availability, and acceptability to American Indian population	<b>3</b>		
Includes estimate of clinic patients to be served and the basis used to calculate that estimate.	<b>3</b>	<b>Weight</b>	<b>Final Score</b>
<b>Project Summary Score</b>	<b>12</b>	<b>1.6667</b>	<b>20</b>

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

<b>Scope of Work Plan</b>
<p><b>Requirement:</b> Work Plan goals are broad statements of intent toward which project efforts are directed. Work Plan objectives specify how the Scope of Work (item V, Project Scope (Scope of Work) pages 3 and 4) will be achieved, by whom, when, and how it will be evaluated over the grant period. Proposed clinical staff activities shall meet or exceed IHP provider standards.</p>

**Raw Score**  
**(Range: 0 - 3)**

Work Plan objectives address provision of at least two of the three required services at least 24 hours per week as well as traditional Indian health	<b>3</b>		
Work Plan objectives address provision of administrative services including personnel management, fiscal management, and third party billing systems	<b>3</b>		
Work Plan objectives specify how the Scope of Work will be achieved, by whom, when, and how it will be evaluated over the grant period	<b>3</b>		
Proposed clinical staff activities meet or exceed IHP provider standards	<b>3</b>		
SOW shows appropriate activities, timelines, and evaluation methodologies	<b>3</b>	<b>Weight</b>	<b>Final Score</b>
<b>Scope of Work Plan Score</b>	<b>15</b>	<b>1.0000</b>	<b>15</b>

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**



**Project Personnel**

**Requirement:** Description of how the project will be staffed. Include the number, position titles, job descriptions, resumes, and salary schedules of all project staff and subcontractors. Applicants planning to use subcontractors in the performance of the work must identify each proposed subcontractor and their qualifications, if known at the time of application submission; describe the responsibilities to be assigned to each subcontractor, and include a description of plans for overseeing the performance of subcontractors.

**Raw Score**  
**(Range: 0 - 3)**

Number, titles, job descriptions, resumes, and salary schedules provided for all project staff and subcontractors	<b>3</b>		
Duties outlined in job descriptions are appropriate	<b>3</b>		
Clinic administrator has a background in health administration	<b>3</b>		
Staff resumes reflect appropriate experience and qualifications	<b>3</b>		
Subcontractor responsibilities are appropriate, plans for oversight are adequate.	<b>3</b>	<b>Weight</b>	<b>Final Score</b>
<b>Project Personnel Score</b>	<b>15</b>	<b>1.0000</b>	<b>15</b>

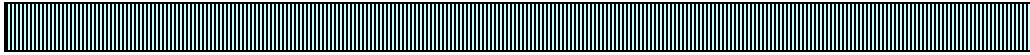
**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**

<b>Budget</b>
<p><b>Requirement:</b> Tables A, B, C, and D submitted. The applicant provides a budget justification narrative for the budget proposed in Table C. The budget justification must identify the line item category and the amount of funding, and provide brief supporting narrative for each line item justifying the appropriateness and necessity of the cost to the achievement of project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications and reference the specific objectives that this position will be responsible for completing.</p>

**Raw Score**  
**(Range: 0 - 3)**

Tables "A" and "B" - summary of current budgets complete and accurate	<b>3</b>		
Table "C" computations complete	<b>3</b>		
Table "C" computations accurate	<b>3</b>		
Table "C" budget consistent with scope of work	<b>3</b>		
Table "C" budget justification appropriate and describes how the staff and subcontractors requested will sustain the proposed level of services	<b>3</b>		
Table "D" budget projections are appropriate.	<b>3</b>	<b>Weight</b>	<b>Final Score</b>
<b>Budget Score</b>	<b>18</b>	<b>0.8333</b>	<b>15</b>

**Attachment A**  
**Los Angeles County**  
**Request for Application Review Instrument**  
**Fiscal Year 2005-2006**



**Summary of Evaluation Scores**

<b>Section</b>	<b>Maximum Raw Score</b>	<b>Maximum Weighted Score</b>
<b>Agency Capability</b>	<b>12</b>	<b>20</b>
<b>Target Population</b>	<b>15</b>	<b>15</b>
<b>Project Summary</b>	<b>12</b>	<b>20</b>
<b>Scope of Work Plan</b>	<b>15</b>	<b>15</b>
<b>Project Personnel</b>	<b>15</b>	<b>15</b>
<b>Budget</b>	<b>18</b>	<b>15</b>
<b>Total Score</b>	<b>87</b>	<b>100</b>

**ATTACHMENT B**  
**Indian Health Program (IHP) Review Rubric**  
**Los Angeles County**  
**Fiscal Year 2005-2006 Request for Application Proposal**

**Note: RFA evaluation questions will be scored based on the scale below.**

<b><u>Point Scale</u></b>	<b><u>Interpretation</u></b>	<b><u>Basis for point assignment</u></b>
<b>0</b>	<b>Inadequate</b>	Does not respond to the question, was left blank, or restates or paraphrases information in the RFA.
<b>1</b>	<b>Minimally Adequate</b>	Does not completely respond to the question. Information presented does not provide a good understanding of applicant's intent, does not give detailed information requested by the RFA or does not adequately support the proposal.
<b>2</b>	<b>Adequate</b>	Responsive to the question. Provides an average understanding of the applicant's response to the RFA. Response adequately supports the proposal.
<b>3</b>	<b>Outstanding</b>	Outstanding response with clear, detailed and relevant information. Response presented a compelling argument supporting the proposal.

## **Attachment C**

### **Appeals for Grants**

Applicants may select a personal representative, including an attorney, to assist in the preparation and presentation of a grievance.

#### **Grievance**

A grievance exists when an applicant believes there is a dispute arising from the Department of Health Services (DHS) action in awarding or failing to award a grant. Grievous situations include actions to continue or failure to continue the agreement into a new contract cycle and actions to terminate an existing agreement prior to the stated expiration date.

#### **Grievance Process**

Within 15 working days of notification of an alleged action by DHS, the applicant must direct the grievance together with any evidence, in writing, to the chief of the branch under which the action occurred. The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought. The Branch Chief or designee must respond to an applicant's appeal within 20 working days of receipt of the grievance and a hearing must be scheduled, conducted and a decision rendered by DHS within 60 working days of the filing of the grievance by the applicant.

If the applicant is dissatisfied with the decision of the Branch Chief or designee, to seek a second level review, the applicant must prepare an appeal indicating why the first level decision is unacceptable, attaching to it the appellant's original statement of the dispute with supporting documents and a copy of the first level decision. The applicant shall send the appeal to the chief of the division in which the section is organized within ten working days of receiving the first level decision. The Division Chief or designee shall meet with the applicant to review the issues raised. A written decision signed by the Division Chief or designee shall be returned to the applicant within 20 working days of the filing of the second level appeal. The decision of the Deputy Director or designee shall be final. There is no further administrative appeal.

Send all appeals to:

Catherine Camacho, Deputy Director  
California Department of Health Services  
Primary Care and Family Health Division  
P.O. Box 997413, MS 8000  
Sacramento, CA 95899-7413

## **Attachment D**

### **IHP Provider Productivity**

The following minimal standards represent those for a full-time equivalent (FTE) staff person.

#### **Medical**

Indian health clinic Physicians are expected to have at least 2,289 visits annually. Medical Directors may have less visits expected based on their administrative responsibilities.

Physician Assistants and Family Nurse Practitioners are expected to have at least 1,526 visits annually.

#### **Dental**

Dentists are expected to have at least 1,091 visits annually.

Dental hygienists are expected to have at least 714 visits annually.

#### **Community Health Services**

Community Health Representatives (CHRs) are expected to have at least 1,000 contacts annually.